



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: CENTRAL INDIANA AMG SPECIALTY HOSPITAL LLC

City of Hospital: Muncie

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Jessica Mcgee

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Medicare Provider Number: 152025

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$33132059
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$33132059

2. Deductions From Revenue

Contractual Allowance	\$18855512
Other Deductions	\$325480.35
Total Deductions	\$19180992.35

3. Total Operating Revenue

Net Patient Service Revenue	\$13951067
Other Operating Revenue	\$963
Total Operating Revenue	\$13952030

4. Operating Expenses

Salaries and Wages	\$6547139	Employee Benefits	\$177642
Depreciation and Amortization	\$295184	Interest Expense	\$2387
Bad Debt	\$7560	Other Expenses	\$6340588
Total Operating Expenses	\$13370500		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$581530	Total Assets	\$4176908
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$5763465
Total Net Gains	\$581530		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$24496084	\$14032253	\$10463831
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$8635975	\$4823259	\$3812716
Total	\$33132059	\$18855512	\$14276547

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges \$0

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital

Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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